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October 15, 2015

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**RE:** Emma Rodriguez Suarez

**DOB:** [REDACTED] 1969

I have known Mrs. Rodriguez Suarez for more than a decade. I am a physician licensed to practice medicine in the State of New York and in the state of Connecticut. I am board certified in Internal Medicine. I have met all my re-certification requirements and I have treated Mrs. Rodriguez Suarez for more than 10 years. Initially 10 year ago, she was suffering from intracranial hypertension, pseudotumor cerebri. She had had complications including blindness in her left eye from an atrophic optic nerve secondary to severe papilledema. I diagnosed her with pernicious anemia and started treating her for that. She has been followed carefully by me over the years until she moved to Syracuse where she after receiving her PhD, was teaching at the University and recently in August 23, 2012, she was having more physical degeneration with loss of sensation and temperature and worsening neuropathy. She had been admitted to the hospital up in Syracuse where she could not swallow, she was unable to move and was diagnosed with possible myasthenia gravis. I had seen her after that and initiated Mestinon that is also in 2012. I recommended seeing Dr. Posner at Memorial Sloan Kettering Cancer Center who is a world famous neurologist. We discussed at that time and I have him my notes that if we do not get good result for the treatment of myasthenia gravis or multiple sclerosis that we consider her for serial lumbar punctures for her nonfunctioning ventricular peritoneal shunt that she has had placed for many years for her pseudotumor cerebri and that was discussed carefully on my August 23, 2012 visit. She had been prescribed at that time Mestinon, Zofran for her nausea from the cerebral edema. I had placed her on Topamax 100 mg daily, also for the cerebral edema, sumatriptan for her migraine headaches. At or about that time, I referred her to Dr. Linus Abrams for psychiatric consultation because that there may be a component of depression and to make sure that she did not have a component of psychiatric illness.

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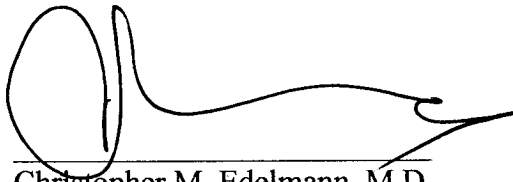
He confirmed that she did not, that this was all secondary to her myasthenia gravis and more likely secondary to her dysfunctioning ventriculoperitoneal shunt and increased intracranial hypertension and he actually gave her the name of the intracranial hypertension experts at John Hopkins. At that time, I recommended that she see them for shunt revision. In January 2013, I tried to taper off the Mestinon that did not work. Her symptoms got worse. She was unable to tolerate a lower dose or less of the Mestinon. In my note again I wrote cluster headaches, prolonged, prescribed oxygen at home. I questioned again that she had increased intracranial hypertension. Her left eye was lacrimating and she has further and increasing weakness, unable to sit for prolonged periods of time. Her disability was clearly getting worsen and the Mestinon did help some of those symptoms, but the other symptoms have progressed with worsening headaches, almost continuous headaches, clearly not migranal. I had her at that time in January 2013 on Lasix 40 mg b.i.d. to try to help the intracranial hypertension, Diamox 250 mg b.i.d., potassium chloride 15 daily, Zofran 40 mg daily, Fioricet 40 mg, Mestinon 60 mg every three hours, verapamil 240 mg in the morning and 120 mg at night for the cluster headache, gabapentin 600 mg b.i.d., and Imitrex as needed, Aleve as needed. The headache and her disability continued. By March 7, 2013, she was feeling more lightheaded. She was getting dizzy secondary to the high doses of verapamil which were not helping. She developed a rash, but it was uncertain whether that was from the verapamil or Neurontin. I had to stop the gabapentin and the rash got better and on half the dose of verapamil and she got less dizzy. Saw Dr. Grossberg who wondered whether she had paraneoplastic syndrome. So, in addition to her other heroic issues, he tested her for Eaton-Lambert and apparently that workup was negative. On the April 11, 2013, she was still having headaches, getting worse, in my note, again I write question pseudotumor. MRI unchanged. Cluster headaches were helped with O2. Despite all these treatments, they were still getting worse, becoming more and more disabled, unable to work, unable to concentrate, unable to walk, sent to Dr. Weeks for memory testing and she had a low visual recall in the 50 percentile. This is PhD student. Memory is still getting worse. By September 2013, feeling more short of breath, burning chest pain, dizzy, nausea, feeling blue, sad, paresthesias everywhere. By December 2013, she had gone down to John Hopkins to see the neuro-ophthalmologist, had x-rays and CTs, then to the neurologist, spent two hours. They found the case interesting. Presented to the neuro clinic specialist team. They recommended more memory testing and a spinal tap to check the opening pressure. Dr. Rauna Rao thought that her headaches were due to the intracranial hypertension and may need a new VP shunt. This was in December 2013. Still continued to have cluster headaches, followed by Dr. Grossberg. Still having trouble with torticollis, headaches, and swallowing, paresthesias, and weakness. She was developing some autonomic dysfunction by February 2014 with variations in heart rate and blood pressure, tried to get in to taper or revise her Mestinon. By May 2014, she had an LT at John Hopkins with decrease in symptoms which is positive that the intracranial hypertension was causing her problems.

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Considering this, we drew the cerebral spinal fluid. By September 2014, she had a surgical revision at John Hopkins scheduled for October, but he agreed that it was good to keep her on the Mestinon and consider tapering once the VP shunt was modified and to keep her on her vitamin B12 and her Topamax was increased by Dr. Grossberg to 125 mg, which did help some of the headaches. Then on October 15, 2014, she had the VP shunt, had a very extensive neuro surgery. She developed a pain syndrome thereafter they injured one of the cervical nerves and since that time, she has had multiple attempts after the shunt was revised to have it properly calibrated. The shunt apparently is not working again. So, her symptoms have now returned and have been exacerbated.

This letter is respectfully submitted on behalf of Emma Rodriguez Suarez.

Respectfully,

A handwritten signature in black ink, consisting of a large, stylized 'C' followed by a long, horizontal stroke that ends in a small hook.

Christopher M. Edelmann, M.D.  
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New York Medical College

CME/ss/ls

DD: 10/15/2015

DT: 10/16/2015